

REIMBURSEMENT FOR LOCAL EDUCATION AGENCIES

Local Education Agency (LEA) providers submit claims based on the estimated costs for services furnished. The Department of Medical Assistance Services (DMAS) makes interim payments on claims. Final payment will be based on each LEA's costs reported and settled on an annual cost report. LEAs may contact DMAS Provider Reimbursement at 804-371-2446 for assistance with cost reports. Please visit the website at <http://www.dmas.virginia.gov/pr-sbs.htm> for more information. Note: The information below provides the maximum DMAS reimbursement rates as of October 1, 2010. This table is not meant to prescribe what rates LEAs should bill services. The information is merely an estimate based on the best data available and by no means implies that this is what the final reimbursement will be. Providers should bill based on their experience with cost report settlements. Final reimbursement will depend upon the settlement of the cost report.

Statewide Statistics (LEAs participating in administrative claiming.)

	Maximum per Unit Rates Allowed in Claim Processing System	Median Rates Based on Admin Time-Study	Low Range of Rates Based on Admin Time-Study
Therapy Individual Visit Including Evaluation	\$95.91	\$57.83	\$47.13
Therapy Group Visit	\$31.91	\$19.23	\$15.55
Nursing Visit (15 Minute Unit)	\$9.00	\$15.99	\$12.48

LEA SERVICE CODES

Therapy Services

CODE	SERVICE DESCRIPTION	UNIT	MAX. RATE
97001	Physical Therapy Evaluation	Per evaluation	115.32
97110	Physical Therapy Individual Visit	Per visit	95.91
97150	Physical Therapy Group Session	Per individual/Per session	31.91
97003	Occupational Therapy Evaluation	Per evaluation	115.32
97530	Occupational Therapy Individual Visit	Per visit	95.91
S9129	Occupational Therapy Group Session	Per individual/Per session	31.91
92506	Speech Therapy Evaluation	Per evaluation	115.32
92507	Speech Therapy Individual Visit	Per visit	95.91
92508	Speech Therapy Group Session	Per individual/Per session	31.91

Nursing Services

CODE	SERVICE DESCRIPTION	UNIT	MAX. RATE
T1001	Nursing Assessment/Evaluation	15 minutes	9.00
T1002	RN Services	15 minutes	9.00
T1003	LPN Services	15 minutes	9.00

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Psychiatry, Psychology & Mental Health Services

Code	SERVICE DESCRIPTION (One unit is per visit unless otherwise noted.)	UNIT	MAX. RATE
90801	Psychiatric diagnostic interview examination	Per exam	124.44
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication	Per exam	133.78
90804	Individual psychotherapy, insight oriented behavior modifying and/or supportive in an office or outpatient facility	Approximately 20-30 minutes face-to-face with patient	51.70
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive in an office or outpatient facility	Approximately 45-50 minutes face-to-face with patient	71.27
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive in an office or outpatient facility	Approximately 75-80 minutes face-to-face with patient	104.87
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient facility	Approximately 20-30 minutes face-to-face with patient	54.62
90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in a office or outpatient facility	Approximately 45-50 minutes face-to-face with patient	77.70
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in a office or outpatient facility	Approximately 75-80 minutes face-to-face with patient	113.04
90846	Family Psychotherapy (without the patient present)	Per session	70.11
90847	Family Psychotherapy (conjoint Psychotherapy with patient present)	Per session	87.34
90853	Group Psychotherapy (Other than of a Multiple Family Group)	Per session	25.71
90857	Interactive Group Psychotherapy	Per session	28.63
96101	Psychological testing, both face-to-face time with the patient and time interpreting test results and preparing the report.	Per hour	67.18
96102	Psychological testing with qualified health care professional interpretation and report, administered by technician, face-to-face	Per hour	42.94
96103	Psychological testing administered by a computer, with qualified health care professional interpretation and report.	Per test	40.31
96116	Neurobehavioral status exam, both face-to-face time with the patient and time interpreting test results and preparing the report.	Per hour	74.19
96118	Neuropsychological testing, both face-to-face time with the patient and time interpreting test results and preparing the report.	Per hour	81.50

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Code	Service Description (One unit is per visit unless otherwise noted.)	Unit	Max. rate
96119	Neuropsychological testing, with qualified health care professional interpretation and report, administered by technician, face-to-face	Per hour	54.92
96120	Neuropsychological testing administered by a computer, with qualified health care professional interpretation and report	Per test	59.01

LEA Psychiatry, Psychology & Mental Health Services Modifiers

Providers must use a modifier below when billing for Psychiatry, Psychology & Mental Health services to identify the provider type.			
U6	Psychiatrist		
AH	Licensed Clinical Psychologist		
AJ	Licensed Clinical Social Workers	Psychiatric Clinical Nurse Specialist	
	Licensed Professional Counselors	Marriage and Family Therapists	
	Licensed School Psychologist	School Social Worker	
	Licensed School Psychologist-Limited		

Audiology

CODE	SERVICE DESCRIPTION	MAX. RATE
92553	Pure tone audiometry (threshold); Air and bone	22.49
92555	Speech audiometry threshold	12.56
92556	With speech recognition	19.28
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	30.96
92559	Audiometric testing of groups	14.75
92560	Bekesy audiometry; screening	21.23
92561	Diagnostic	22.49
92562	Loudness balance test, alternate binaural or monaural	20.45
92563	Tone decay test	16.94
92564	Short increment sensitivity index (SISI)	15.77
92565	Stenger test, pure tone	9.64
92567	Tympanometry (impedance testing)	11.25
92568	Acoustic reflex testing; threshold	13.44
92569	Decay	11.30
92571	Filtered speech test	13.14
92572	Staggered spondaic word test	18.40
92575	Sensorineural acuity level test	31.26
92576	Synthetic sentence identification test	17.53
92577	Stenger test, speech	11.98
92579	Visual reinforcement audiometry (VRA)	32.86
92582	Conditioning play audiometry	33.88
92583	Select picture audiometry	26.00
92584	Electrocochleography	48.20
92585	Auditory Evoked Potentials for Evok	80.04

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92586	Auditory Evoked Potentials for Evok	48.49
CODE	SERVICE DESCRIPTION	MAX. RATE
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)	30.23
92588	Comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	49.16
92589	Central Auditory Function Test(s)	15.20
92592	Hearing aid check; monaural	74.95
92593	Binaural	74.95
92594	Electroacoustic Evaluation for hear	IC
92595	Electroacoustic Evaluation for hear	IC
92596	Ear Protector Attenuation Measurement	IC
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	66.99
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	118.94
92602	Subsequent programming	74.58
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	107.07
92604	Subsequent programming	63.85
92620	Evaluation of central auditory function with report; initial 60 minutes	55.94
92621	Each additional 15 minutes	13.00
92625	Assessment of tinnitus (including pitch, loudness matching, and masking)	44.35
92626	Evaluation of auditory rehabilitation status; first hour	61.30
92627	Each additional 15 minutes	14.97
92630	Auditory rehabilitation; prelingual hearing loss	95.91
92633	Postlingual hearing loss	95.91

Medical Evaluations

CODE	SERVICE DESCRIPTION	UNIT	MAX. RATE
T1024	Medical Evaluation by Medical Doctor, Nurse Practitioner or Physician Assistant as part of IEP process	Per encounter	96.51

Specialized Transportation

CODE	SERVICE DESCRIPTION	UNIT	MAX. RATE
T2003	Specialized Transportation	Per trip	7.00

Personal Care Services

CODE	SERVICE DESCRIPTION	UNIT	MAX. RATE
T2027	Personal Care Services - individual	15 minutes or less	3.58
S5125	Personal Care Services – group up to six individuals	15 minutes or less	1.18

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EPSDT Services

School Health Clinics will get 100% rate reimbursement for screening services and related tests for children with “fee-for-service” coverage, as well as those covered under MEDALLION (DMAS’ Primary Care Case Management program). DMAS will not reimburse local school divisions for EPSDT screening services and related tests for children enrolled in a DMAS Managed Care Organization.

CODE	SERVICE DESCRIPTION	UNIT	MAX. RATE FOR < 21 YEARS OF AGE
EPSDT Health, Vision and Hearing Screenings			
92551	Screening test, pure tone , air only	Per test	8.47
92552	Pure tone audiometry (threshold); air only	Per test	17.53
99173	Screening test of visual acuity, quantitative, bilateral	Per test	64.04
99381	Initial comprehensive preventive medicine, new patient infant (age under 1 year)	Per exam	83.48
99382	Early childhood (age 1 through 4 years)	Per exam	91.43
99383	Late childhood (age 5 through 11 years)	Per exam	90.76
99384	Adolescent (age 12 through 17 years)	Per exam	98.71
99385	18 < 21 years	Per exam	98.71
99391	Periodic comprehensive preventive medicine, infant (age under 1 year)	Per exam	70.23
99392	Early childhood (age 1 through 4 years)	Per exam	78.18
99393	Late childhood (age 5 through 11 years)	Per exam	77.85
99394	Adolescent (age 12 through 17 years)	Per exam	85.80
99395	18 < 21 years	Per exam	86.13

CODE	SERVICE DESCRIPTION	UNIT	MAX. RATE FOR < 21 YEARS OF AGE
EPSDT Inter-periodic Screenings			
99201	Office or other outpatient visit, for the evaluation and management of a new patient, face-to-face with the patient and/or family, which requires these three components: <ul style="list-style-type: none"> • A problem focused history; • A problem focused examination; • Straightforward medical decision making. 	Up to 10 minutes	31.38
99202	<ul style="list-style-type: none"> • An expanded problem focused history; • An expanded problem focused examination; • Straightforward medical decision making. 	20 minutes	54.33

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CODE	SERVICE DESCRIPTION	UNIT	MAX. RATE FOR < 21 YEARS OF AGE
99203	<ul style="list-style-type: none"> • A detailed history; • A detailed examination; • Medical decision making of low complexity. 	30 minutes	78.73
99204	<ul style="list-style-type: none"> • A comprehensive history; • A comprehensive examination; • Medical decision making of moderate complexity. 	45 minutes	122.02
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually the presenting problem(s) are minimal	Up to 5 minutes	15.40
99212	Office or other outpatient visit for the evaluation and management of an established patient, face-to-face with the patient and/or family, which requires at least two of these three key components: <ul style="list-style-type: none"> • A problem focused history; • A problem focused examination; • Straightforward medical decision making. 	10 minutes	31.38
99213	<ul style="list-style-type: none"> • An expanded problem focused history; • An expanded problem focused examination; • Medical decision making of low complexity. 	15 minutes	52.87
99214	<ul style="list-style-type: none"> • A detailed history; • A detailed examination; • Medical decision making of moderate complexity. 	25 minutes	79.31

VACCINATIONS AND LAB CODES		
CODE	SERVICE DESCRIPTION	MAX. RATE FOR < 21 YEARS OF AGE
81002	Urinalysis, By dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents, non-automated without microscopy	3.36
81003	Automated without microscopy	2.95
81025	Urine pregnancy test, by visual comparison methods	8.30
83026	Hemoglobin; by copper sulfate method, non-automated	2.85
85018	Blood count hemoglobin (HGB)	3.11
86580	Skin Test Tuberculosis, intradermal	5.55

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CODE	SERVICE DESCRIPTION	MAX. RATE FOR < 21 YEARS OF AGE
87880	Infectious agent detection by immunoassay with direct optical observation	15.75
90645	Hemophilus influenza B Vaccine (HIB), HBOC conjugate (4 does schedule), for intramuscular use	39.89
90646	Hemophilus influenza B Vaccine (HIB), PRP-D conjugate, for booster use only, intramuscular use	IC
90655	Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	16.88
90657	Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use	14.93
81002	Urinalysis, By dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents, non-automated without microscopy	3.36
81003	Automated without microscopy	2.95
81025	Urine pregnancy test, by visual comparison methods	8.30
83026	Hemoglobin; by copper sulfate method, non-automated	2.85
90658	Influenza virus vaccine, split virus, when administered to individuals 3 years of age or older, for intramuscular use	13.22
90660	Influenza virus vaccine, live, for intranasal use	22.32
90702	Diphtheria and tetanus toxoids (DT) absorbed when administered to individuals younger than 7 years, for intramuscular use	19.14
90708	Measles and rubella virus vaccine, live, for subcutaneous use	22.26
90710	Measles, mumps, rubella, varicella vaccine (MMRV), live, for subcutaneous use	124.37
90716	Varicella virus vaccine, live, for subcutaneous use	77.51
90717	Yellow fever vaccine, live, for subcutaneous use	56.07
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 does schedule), for intramuscular use	59.09
90746	Hepatitis B vaccine, adult dose, for intramuscular use	57.26
99001	Handling and/or conveyance of specimen for transfer from patient in other than a physician's office to a laboratory (distance may be indicated)	3.21

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